<u></u>	Yes 🗌 No 🗸	child Ethics.	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ets, "unearned" inco Do not answer "yes	Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have fir	Exemptions-
	Yes 🗌 No 🗸	be	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ed by the Committee	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certa disclosed. Have you excluded from this report details of such a trust benefiting you, your	Trusts-
	SNC	ESTIC	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	ST INFORMA	SPOUSE, DEPENDENT, OR TRU	EXCLUSION OF
L		e.			If yes, complete and attach Schedule V.	If yes, complete ar
	I the appropriate	ed and	Each question in this part must be answered and the appropriate	Yes No. 🗆	I have any reportable liability (more	V. than \$10,000) during the reporting period?
<u></u>			If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	if yes, complete ar
	e Yes □ No 【	an outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No S	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	IV. reportable asset in a
<u> </u>			If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	If yes, complete ar
	the Yes □ No ☑	f filing in t	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🛛 No 🗌	I receive "unearned" income of noid any reportable asset worth	Did you, your spouse, or a dependent child III. more than \$200 in the reporting period or I more than \$1,000 at the end of the period?
<u></u>			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	if yes, complete ar
<u> </u>	velor 35 Yes ∐ No ☑	table trave e than \$33:	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes 🗌 No 🔽	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	II. you for a speech, app
1			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If yes, complete ar
	se Yes ☐ No ☑	table gift i	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes No U	Did you or your spouse have "earned" income (e.g., salanes or fees) of \$200 or more from any source in the reporting period?	L. or more from any sou
			UESTIONS	OF THESE Q	NFORMATION ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION
<u></u>	(P)	late	on	☐ Termination	Annual (May 15)	
	more than 30 days	moi y	Termination Date:			Report
	be assessed against	be a	Employee	<u> </u>	House of Representative District: 02	
	A \$200 penalty shall	A \$:	Officer Or Employing Office:	0 0	Member of the U.S. State: GA	Filer 🗸
	Office Use Sully, K)	(Daytime Telephone) (Office Use Only) N. K.		(Fuil Name)	
TETIVE	U.S. HOUSE OF REPOSENTATIVES	U.S.	(202) 225-3631 H		Sanford D. Bishop, Jr.	
Š						
5.5	2011 MAY 13 PM 2:51	20	For use by Members, officers, and employees	MENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	CALENDAR YEAR
() ()	FEGISE VIIAE KESOONOF GENERAL	103	FORM A Page 1 of 5	TATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED STA
ついとフドア	בייון פרונים מחוס מוויין					

SCHEDULE I - EARNED INCOME

Name Sanford D. Bishop, Jr.

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Consolidated Government of Columbus, Spouse Salary Georgia	Source Type	
N/A	Amount	

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		-	SP	Ţ		Exclude: You vacation hor	For an owne publically tra	For rental or address.	ASSET : Identify (a) each a fair market valuand (b) any other generated more to the provide complete symbols.) For all IRAs and a self-directed (i.e., exercised, to seld asset held in the retirement account of the institution reporting period.)]
Sun Trust Bank, NA Columbus, Georgia Certificate	Lot 24A Lakemont Heights Hartwell, Ga.	Legislative Retirement System of Ga., 2 Northside 75, Atlanta, Ga. 30318 (Not self-directed)	House and lot at 908 Illges Rd., Columbus, Ga.	House and lot at 311 Yates St.(Lot 3 City Block 51; Lot 15 City Block 49) Starkville, Ms.	Congressional Federal Credit Union	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address.	BLOCK A ASSET AND "UNEARNED" INCOME BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	
\$50,001 - \$100,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$50,001 - \$100,000	\$1,001 - \$15,000	\$1 - \$1,000				Name BLOCK Year-E Year-E t close of rep ear. If you us aluation meth han fair mark blease specify nethod used. sset was sold ncluded only t is generated he value shou None."	1
INTEREST	None	N/A	RENT	None	INTEREST			period.	Sanford D. Bishop, Jr. B BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred the income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, lid be even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting	
\$201 - \$1,000	NONE	N/A	\$5,001 - \$15,000	NONE	\$1 - \$200			90101	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	
N/A	N/A	N/A	N/A	N/A	N/A				Page 3 of 5 BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	
Name	
Sanford D	
ord D. Bish	

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Sanford D. Bishop, Jr.	D. Bishop, Jr.		Page 4 of 5
	Sun Trust Bank, NA Columbus, Georgia Savings	\$1 - \$1,000	INTEREST	\$1 - \$200	N/A
	Sun Trust Bank, NA, Columbus, Georgia Checking	\$1,001 - \$15,000	INTEREST	\$1 - \$200	N/A
	Wachovia Securities(Wells Fargo) Dryden Municipal Bonds	\$15,001 - \$50,000	Dividends/Interest \$201 - \$1,000	\$201 - \$1,000	N/A
		\$50,001 - \$100,000	Dividends/Interest \$2,501 - \$5,000	\$2,501 - \$5,000	N/A
	Rock Govt. Fund) Prudential Invt Port				<u>-</u>

SCHEDULE V - LIABILITIES

Name Sanford D. Bishop, Jr.

Page 5 of 5

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit

SP JT	Creditor Household Finance Greenherd Traurid TIP Attorneys at Law			Date Liability Incurred March, 2000
ତୁ	Greenberg Traurig, LLP, Attorneys at Law	February- December,		Attorney Fees
	Congressional Federal Credit Union/ Visa	January- December, 2010	72	Revolving Charge Account